

# **Mental Health Legislative Oversight Committee**

## **May 11, 2005**

### **Division of Mental Health**

#### **Planning Findings that Inform the Strategic Implementation Plan**

**SEC 141 (H. 768) (b)** " The Secretary of Human Services shall be responsible for the development and, upon approval by the mental health oversight committee and joint fiscal committee, implementation of a comprehensive strategic plan for the delivery of services currently provided by the Vermont State Hospital developed in the context of long-range planning for a comprehensive continuum of care for mental health services . . . the secretary shall establish a statewide state hospital future planning advisory group . . . .

**(i)** The report shall include proposals for legislation and capital and operational funding needed to implement the plan.

#### **Key Components:**

- ❑ Vermont's Designated Agency System for Mental Health, Substance Abuse & Developmental Services: *System Evaluation and Five-Year Projection of Service Demand and Cost Analysis* (November 1, 2004)
- ❑ Secretary Charles Smith's November 15<sup>th</sup> letter to the MH Oversight Committee *RE: Vermont's Designated Agency System for Mental Health, Substance Abuse and Developmental Services: Sustainability*
- ❑ The Department of Corrections Plan for Mental Health Services (January 2005)
- ❑ The Futures Planning Process, Advisory Committee and Public Input (May 04- Feb 05)
- ❑ The *Vermont State Hospital Futures Plan: Report to Secretary Charles Smith* (February 4<sup>th</sup> 2005)
- ❑ Secretary Charles Smith's report to the legislature *Recommendations For the future of Services Provided at the Vermont State Hospital: Strengthening the Continuum of Care for Vermonters with Mental Illness* (February 4<sup>th</sup> 2005)
- ❑ The *Health Resources Allocation Plan: Executive Overview; Inpatient, Emergency, and Hospital-Based Services; Ambulatory Care Services; Community-Based Care* (draft April 2, 2005)

## Key Findings:

Vermont's Designated Agency System for Mental Health, Substance Abuse & Developmental Services: *System Evaluation and Five-Year Projection of Service Demand and Cost Analysis*

- ✓ The DA system is uniquely community-based; highly valued by the Vermonters who use it; and compares favorably to other states on measures of utilization and outcomes.
- ✓ Between FY 98 and FY 04 average costs have increased at an annual rate of 9.3% - far in excess to that of the State General Fund. The primary cost drivers are: inflation, rising health and other insurance costs, caseload growth, and improvements in treatment resulting in increased demand for services.
- ✓ Options for managing the growth in costs include: expenditure limits and caps; service modifications; and administrative modifications.
- ✓ The business planning and budgeting process should become proactive, cooperative, make use of management tools, and reflect three to five year cycles.

Secretary Charles Smith's November 15<sup>th</sup> letter to the MH Oversight Committee *RE: Vermont's Designated Agency System for Mental Health, Substance Abuse and Developmental Services: Sustainability*

- ✓ Three year global commitment to DA's with a "Health Care Growth Scenario" of 7.5% of state funds annually.
- ✓ "Hold Harmless" for reduction in federal match rate in SFY 2006.
- ✓ Invest disproportionately in Adult Out-Patient, Emergency, and Substance Abuse programs.
- ✓ Implement a system improvement process focused on consistency and accountability.
- ✓ Assist in the broader management of the state's medical costs by supporting management of psychiatric pharmaceuticals.

The Department of Corrections Plan for Mental Health Services (January 2005)

- ✓ Expand access to mental health services for severely mentally ill inmates by enhancing clinical staffing via contracted services.
- ✓ Develop new State positions to assure oversight of contracted services, and quality of mental health, substance abuse, and medical services.
- ✓ Create new State positions to facilitate successful community re-entry of inmates including coordination of health, mental health, and substance abuse services.

*The Vermont State Hospital Futures Plan: Report to Secretary Charles Smith*  
(February 4<sup>th</sup> 2005)

- ✓ Close the existing 54-bed facility on the Waterbury campus

With the overall goals of reducing involuntary care, and developing a broader continuum of community services that are trauma-informed and consumer-centered create:

- ✓ a 32-bed tertiary care inpatient service operated in conjunction with one or more general hospital(s)
- ✓ a new psychiatric sub-acute service for 16 individuals at any given time
- ✓ a new secure residential treatment service for 6 individuals at any given time
- ✓ new supportive housing resources
- ✓ new peer programming
- ✓ 10 new observation / crisis beds

The plan also calls for enhancing:

- ✓ legal services to match decentralized system care
- ✓ transportation services for individuals in the acute care system

Finally, the plan recommends the creation of a state-wide care management system to insure that Vermonters have access to the appropriate level of care when they need it and that providers collaborate across program boundaries.

The Futures Planning Process, Advisory Committee and Public Input (May 04- Feb 05)

- ✓ Many members of the VSH Futures advisory group were dissatisfied with the planning process.
- ✓ Generally, advisory group members endorsed the range of service capacities proposed in the plan.
- ✓ At the last meeting of the group (April 4<sup>th</sup>) members strongly encouraged Secretary Mike Smith to move forward with implementing the community programs; however, they indicated that Charlie Smith's recommendation to create a 28 bed inpatient program at a single site and 4 ICU beds elsewhere had not been processed with the group.

Secretary Charles Smith's report to the legislature *Recommendations For the future of Services Provided at the Vermont State Hospital: Strengthening the Continuum of Care for Vermonters with Mental Illness*

- ✓ Recommends implementing all of the service capacities called for in the Futures Report.

- ✓ Recommends fully implementing the Corrections Plan for Mental Health Services.
- ✓ In addition, recommends implementing two Co-Occurring Treatment programs, additional outpatient treatment services, specialty outpatient MH services for offenders re-entering the community.

*The Health Resources Allocation Plan: Executive Overview; Inpatient, Emergency, and Hospital-Based Services; Ambulatory Care Services; Community-Based Care (draft April 2, 2005)*

## Chapter 1: Inpatient, Emergency, and Hospital-Based Services

- ✓ Categorize hospitals into tertiary-level services, secondary-level services, and community-level in order to establish consistent distribution of resources and access standards. *VSH would represent tertiary-level services e.g. specialized care* (Recommendations 1 and 2)
- ✓ "Implement the Future's Report Recommendations to address the needed number of Psychiatric beds for the VT resident population" (Recommendation 4.1)
- ✓ "Vermont should implement the Future's Report recommendations as the foundation for determining future mental health and substance abuse inpatient planning" (Recommendation 5)
- ✓ In addition, for State Policy Implications: Challenges and Opportunities the combined impact of loss of certification at VSH and the loss of federal funding for IMDs is to be considered "for prioritizing hospital health care services in Vermont"

## Section III MH and SA Services

- ✓ "Vermont should support implementation of the broad recommendations in the Vermont State Hospital Futures Plan (Recommendation 1):
  - 28 inpatient beds at an appropriate general hospital (preferably an academic medical center)
  - 4 additional intensive care beds at another designated hospital
  - 16 sub-acute beds in one to three locations
  - A 6 bed secure residential facility
  - 10 additional diversion beds in two or three locations"
- ✓ Implementation options 1.1 recommends that particular attention be paid to geographic capacity versus need for voluntary, involuntary inpatient services for adults, children, and emergency beds while option 1.2 recommends considering the need for "critical mass" of inpatient services for clinical and economic reasons.
- ✓ "Vermont should allocate more resources to emergency services, given the intense need for services during the first hours of a

psychiatric emergency and the reduction of inpatient admissions that could occur as a result of a well coordinated emergency services system (Recommendation 2).

- ✓ In addition, for State Policy Implications: Challenges and Opportunities specific concerns and priorities were identified: about access to high quality MH/SA services for offenders in the Corrections system; improvement of care for involuntary and forensic patients; funding concerns in the Designated Agency System; the need to shore up out-patient and community-based preventive services; and the prevalence of substance abuse and dependence and serious mental illness particularly among youth.

The H-RAP recommends building on the strengths of the existing MH/SA treatment systems. "The state has been a national leader in community-based services, peer support, and other initiatives: this expertise can serve as a building block for strengthening outpatient and community-based care. In addition, the cohesive, active, and effective peer and family advocacy organizations can help move Vermont toward the goal of a more patient-centered, consumer- and- family driven, and community-based system of care."

## Chapter 2: Ambulatory Care Services

- ✓ Section II Specialty Care identifies a mal-distribution of psychiatrists, especially for child and adolescent psychiatry

### Section IV Mental Health and Substance Abuse Services

- ✓ Based on the difference between expected prevalence of diagnosable mental illness and services rendered through Managed Care Organizations (MCOs) "the data reflects the possibility that there is a gap between need and treatment rates"
- ✓ The Sustainability Study of the Designated MH agencies concludes that the "current level of funding is not adequate to provide outpatient mental health treatment to all who need it"
- ✓ Address known workforce shortages (psychiatry, psychiatric nurse practitioners, and social workers), especially in geographically underserved areas (Essex, Caledonia, and Orleans counties) (Recommendation 1).
- ✓ "Vermont should increase resources for designated agency adult outpatient and substance abuse programs as outlined in Secretary Smith's recommendations (2/4/05). This will help to ensure that Vermonters are treated in the most appropriate and least restrictive setting possible." (Recommendation 3).
- ✓ "Expand the Agency of Human Service's Co-Occurring Disorders Project to Rutland and Barre" (Recommendation 4.4)

### Chapter 3: Community-Based Care

- ✓ Section II Mental Health and Substance Abuse Services identifies the need for earlier identification and treatment of mental health and substance abuse disorders; lack of access to residential care; and more need for peer recovery services.
- ✓ 'Vermont should ensure . . . access to a full range of recovery and support services including (Implementation Options 2.1-2.4):
  - Expand peer support programming
  - Expand recovery housing
  - Expand ancillary legal services
  - Expand trauma-informed transportation
  - Evaluate the supply and reported shortages of residential treatment."
- ✓ "Vermont should review and consider the recommendations in the DOC Comprehensive Mental Health Services Plan" (Recommendation 4) including augmenting capacity of community MH and SA treatment providers to serve offenders on community re-entry; and increase contracted MH services for inmates.
- ✓ Consider revising the laws and regulations regarding medical treatment for individuals who lack capacity (Recommendation 5)
- ✓ Coordinate with the VDH Chronic Care Initiative (Recommendation 6) and several implementation recommendations reflecting the State Health Plan including: consumer and family participation in treatment decisions and evaluation of the effectiveness of services; enhanced self management and recovery-oriented services; continued development of the voluntary, community-based system of care to reduce coercion.
- ✓ Recommendations 7-9 call for development of a full continuum of substance abuse treatment services; services which are appropriately integrated with other health and human services; and the integration of the state's public and private MH and SA systems

### Conclusions:

A very comprehensive Strategic Implementation Plan is required in order to address the key recommendations of the various planning processes that have been undertaken in the past year.